

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 420)

Serial No. 55564
Applicant

Filing Date 3/15/00

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18	1					
19		/				
20		/				
21	1					
22						
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42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	3					
TOTAL OFF.	18					
TOTAL	21					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63						
64						
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97						
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99						
100						
TOTAL NO.						
TOTAL OFF.						
TOTAL						